

No. C 162477	Due no later than Sep 30, 2015 Annual Report Form	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. TUREMAN MEDICAL SERVICES, P.C. BRIAN J TUREMAN 611 CINDY DR TWIN FALLS ID 83301 USA	BRIAN TUREMAN PA 611 CINDY DR TWIN FALLS ID 83301 3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	BRIAN J TUREMAN	611 CINDY DR.	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID C 162477	6. Annual Report must be signed.* Signature: brian Tureman Name (type or print): brian Tureman		Date: 08/07/2015 Title: president			
Processed 08/07/2015		* Electronically provided signatures are accepted as original signatures.				